Doctor time requirement for patient consultation in genitourinary medicine clinics

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The UK Patient's Charter[1] seeks to ensure that the National Health Service is of the highest possible standard and requires outpatients to be seen within thirty minutes of their appointment times.

The advent of HIV infection and its associated complex problems necessitate longer periods of consultation. Appropriate standard of care implies, among other requirements, adequate resources in terms of medical staffing. It is agreed that a scientific approach to estimate the staffing requirements should take the patient demand into account. The patient demand includes the annual total patient attendances at a clinic, the patient consultation time and the total number of doctor clinical sessions available per week.[2] There are no published data on the patient consultation time in genitourinary medicine (GUM) departments.

The document entitled "Special Treatment Clinic: A Design Guide" circulated by the Department of Health and Social Security in 1974[3] did indicate the times required for the examination and treatment of patients. However, it was not clear as to how these times were arrived at.

The consultation time depends upon several variables including sex and sexuality of the patient, new patient versus old patient, case-mix, clinic policy and medical attendant's experience, personal style and special interests.

We carried out a prospective study in 1993 to determine average consultation times for male and female patients. In this department we use standard male and female case sheets, every patient is offered full STD and HIV screen. During the study period all stages of workflow (from patient reporting at reception to leaving the clinic) were timed.

There were enrolled 1035 males (385 new, 650 old) and 692 females (245 new, 447 old). Average consultation time (in minutes) were: 20·3 for new and 13·9 for old male patients; 30·5 for new and 18·4 for old female patients; 35·4 for HIV infected (new and old) patients. Average consultation time for all patients in this study (with ratios of 1·5 male to 1 female, and 1 new to 1·7 return cases) was 18·9 minutes. These times did not take into account the colposcopy workflow. Only 78 attendances were by homosexuals, and of these, 60 by patients infected with HIV. Average consultation times, separately for new and old cases, in respect of some common diagnoses are shown in the table.

Owing to the differing variables, the findings in this survey may not apply to other clinics in the same or other regions. Homosexuals account for about 6% of our clinic population. Incidence of HIV infection was also low. To our knowledge the only other study, albeit unpublished, was carried out recently in Trent Region (United Kingdom), where the average consultation time was found to be approximately 20 minutes (Kinghorn, personal communication). Consequently, the formula mentioned in the report of the Royal College of Physicians-Genitourinary Medicine Committee into medical manpower requirements and approved by Council as a College document, uses the regional norm for a patient consultation as 20 minutes.[2] As the consultation time may be significantly different in clinics with, for example, a high number of patients with HIV infection/AIDS, and possibly for other reasons, this part of the formula, that is an average consultation time of 20 minutes, may not be appropriate as national norm.

In larger departments, doctors with special interests may run special clinics such as HIV, syphilis and colposcopy clinics etc, attracting disproportionately higher numbers of cases requiring longer consultation times than for other categories of patients. Therefore, it is important that all doctors, and, if appropriate, nurses as well, should participate in such surveys which could be carried out, perhaps, under the auspices of the Royal College of Physicians Genitourinary Medicine

Average consultation time (in minutes) by diagnosis

	New	*Old*	*New and Old*
Male patients			
Chlamydial infection	20·5	12·5	
Genital warts	17·6	10·7	
Genital herpes	21·4	18·3	
HIV infection			35·4
Others	21·9	17·7	
D3*	19·1	14·4	
Overall	20·3	13·9	16·3
Female Patients			
Chlamydial infection	31·0	19·2	
Genital warts	30·8	20·5	
Genital herpes	33·0	17·8	
Others	30·2	18·7	
D3*	28·5	10·6	
Overall	30·5	18·4	19·8

*D3 = other episodes not requiring treatment

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Committee, possibly in selected but representative clinics. Regional or district norms could then be established. The situation may need to be reviewed periodically because of changes in the case-mix and other circumstances. The speciality continues to evolve with some departments aiming at the provision of total sexual health care.

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1 Department of Health, *The Patient's Charter* HMSO, 1991.
2 Royal College of Physicians—Committee on Genitourinary Medicine *"Future manpower requirements and maintenance of standards of clinical care in Departments of Genitourinary Medicine,"* 1988.
3 Department of Health and Social Security *Special Treatment Clinic: A Design Guide* DS224/74, 1974.